

10/28/04
13:18 Thursday

Wiregrass Medical Center
PATIENT ACCOUNT DETAIL 479251 SEAMAN CRYSTAL D

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H5ARDET

WIREGRASS MEDICAL CENTER
1200 W MAPLE AVE
GENEVA AL 36340-1694
PHONE: 334-684-3655 TAX ID#: 636004474

PATIENT-----

1 NUM/NAME-: 479251 SEAMAN CRYSTAL D
2 SEX-----: M
3 BIRTH-----: 03/09/1970
4 DOCTOR---: 000700 MITCHUM O
5 MARITAL---: M
6 SOC.SEC.-: 236150086

BILLING INFORMATION-----

16 CREDIT----: HOSP DRG...
17 BILL-----: FINAL DRG.:
18 CYCLE-----: 3
19 STAY TYPE--: 2 O/P
20 SERVICE----: 0
21 INSURANCE-: GB5 NATIONAL SECURITY

GUARANTOR-----

10 NAME-----: SEAMAN CRYSTAL D
11 ADDRESS-1: 28045 BEULAH CH ROAD
12 ADDRESS-2:
13 CITY/ST--: OPP AL
14 ZIP-----: 36467-0422
15 PHONE-----: 3348585904

ADMISSION-----

22 DATE-----: 12/19/03
23 CODE-----: N

DISCHARGE-----

25 DATE-----: 12/19/03 DAY STAY
26 CODE-----: H

A/R	SERV	TYPE	CHG/REC				MED
DATE	DATE	TRAN	CODE	NUMBER	QTY DESCRIPTION	CHARGE	NECESSARY CPT
12/17/03		CHG	305	23850249	1 CBC/AUTO DIFF	52.00	85025
12/19/03		CHG	270	590000	1 <=DIET ORDER=>	.00	
12/19/03		CHG	270	17101621	1 ELECTRODE UNIVERSAL 3EA/PK	3.00	
12/19/03		CHG	270	17101161	1 AIRWAY 80	4.50	
12/19/03		CHG	270	17101461	1 CIRCUIT ANESTHESIA ADULT	.00	
12/19/03		CHG	270	17100174	1 MASK DISP CHILD LATEX FREE	.00	
12/19/03		CHG	270	17105961	1 SUCTION JUG LATEX FREE	10.00	
12/19/03		CHG	270	17106748	1 YANKAUER SUCTION LATEX FREE	3.00	
12/19/03		CHG	250	33285296	1 DIPRIVAN INJ:20ML AMP	61.00	
12/19/03		CHG	250	33284068	1 SUFENTA/SUFENTANIL INJ:1ML AMP B	22.50	
12/19/03		CHG	258	36190374	1 PLASMA-LYTE A : 1000ML IV	56.50	
12/19/03		CHG	379	37569258	6 ANES 0.1 TO 1.0 UNITS	390.00	
12/19/03		CHG	370	37563848	1 ANESTHESIA MINOR EQ	592.00	
12/19/03		CHG	270	17100258	1 PACK ORTHOPEDIC EXTREMITY	46.50	
12/19/03		CHG	270	17106748	1 YANKAUER SUCTION LATEX FREE	3.00	
12/19/03		CHG	270	17100948	1 SURGICAL CONNECTING TUBE LATEX FREE	.00	
12/19/03		CHG	270	17101350	1 PAD GROUNDING ADULT LATEX FREE	.00	
12/19/03		CHG	270	17101336	1 HAND CONTROL/HOLDER LATEX FREE	.00	
12/19/03		CHG	270	17107524	1 GOWN SURGICAL LARGE STERILE LATEX F	.00	
12/19/03		CHG	270	17101409	1 DRESSING ABDOMINAL PAD LATEX FREE	2.50	
12/19/03		CHG	270	17100016	1 H2O POUR 1000CC STERILE LATEX FREE	.00	
12/19/03		CHG	270	17102490	1 ELECTRODE NEEDLE	.00	
12/19/03		CHG	270	17109759	1 SKIN SCRIBE	.00	
12/19/03		CHG	270	17102545	1 BLUE MAXI VAS. LOOP	13.00	
12/19/03		CHG	270	17101048	1 KERLIX LATEX FREE	4.50	
12/19/03		CHG	270	17102114	1 GAUZE RATEX SPONGES LATEX FREE	4.00	
12/19/03		CHG	270	17101424	1 GAUZE SPONGE 4X4 STERILE/PK LATEX F	3.50	
12/19/03		CHG	270	17100850	1 BANDAGE ACE 4 INCH	6.00	
12/19/03		CHG	270	17101309	1 DRESSING ADAPTIC 3"X8" LATEX FREE	5.50	
12/19/03		CHG	270	17101450	1 LAP SPONGES LATEX-FREE	9.00	
12/19/03		CHG	270	17100683	1 DURAPREP SURGICAL SOLUTION 26ML	.00	
12/19/03		CHG	270	17100255	1 SUTURE VICRYL FS1 2-0	9.50	
12/19/03		CHG	270	17100110	1 MASTISOL	7.00	

Blumberg No. 5113

PLAINTIFF'S
EXHIBIT

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WIREGRASS MEDICAL CENTER
1200 W MAPLE AVE
GENEVA AL 36340-1694
PHONE: 334-684-3655 TAX ID#: 636004474

A/R DATE	SERV DATE	TYPE TRAN CODE	CHG/REC NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT
12/19/03		CHG 270	17100254	1 SUTURE VICRYL F61 3-0	9.50		
12/19/03		CHG 270	17101036	1 STERI STRIP 1/2 X 4	.00		
12/19/03		CHG 270	17100221	1 SUTURE NYLON BLACK MONO FS 2 4-0	7.50		
12/19/03		CHG 360	15522541	1 ORTHO MAJOR	3,122.00		
12/19/03		CHG 270	590000	1 <=DIET ORDER=>	.00		
12/19/03		CHG 270	17104312	1 SLING ARM XLG LATEX FREE	12.50		
12/19/03		CHG 710	15572104	1 RECOVERY ROOM	226.00		
12/19/03		CHG 270	17100070	1 ****BETADINE CLEANSER 4OZ	.00		
12/19/03		CHG 258	36190374	1 PLASMA-LYTE A : 1000ML IV	56.50		
12/19/03		CHG 270	17101967	1 SET IV EXT. ANESTHESIA W/CHECK VALV	9.00		
12/19/03		CHG 270	17101954	1 ****SET IV CONTINUOUS FLOW CLEARLIN	.00		
12/19/03		CHG 270	17100173	1 KIT IV START LATEX FREE	5.00		
12/19/03		CHG 270	17101381	1 CATH IV AUTOGUARD 20GAX1.00 LATEX F	8.00		
12/19/03		CHG 270	17101955	1 ****SET IV SECONDARY CLEARLINK	.00		
12/19/03		CHG 250	33200454	1 DEMEROL/MEPERIDINE 25MG INJ:CJ/LL	14.00		
12/19/03		CHG 259	33283976	2 LORTAB 5 TAB/VICODIN 5:5/500	12.00		
12/19/03		CHG 250	33210532	1 BENADRYL/DIPHENHYD 50MG CAP	4.00		
12/19/03		CHG 259	33280199	1 REGLAN/METOCLOPRAMIDE 10MG TAB:	4.00		
12/19/03		CHG 259	33200357	1 PROTONIX 40MG TAB:	4.00		
12/19/03		CHG 258	36190043	1 ANCEF/CEFAZOLIN 1GM/NS: 50ML IV PRE	36.00		
12/19/03		CHG 259	33280199	1 REGLAN/METOCLOPRAMIDE 10MG TAB:	4.00		
12/19/03		CHG 270	590000	-1 <=DIET ORDER=>	.00		
12/19/03		CHG 270	590000	-1 <=DIET ORDER=>	.00		
01/20/04		PAY	123572	GB5 NATIONAL SECURITY		.00	
04/01/04		CHG	99001	1 BAD DEBT WRITE-OFF		4,842.50	
BAD DEBT BALANCE.....4,842.50					AR BALANCE.....0.00		

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PATIENT ACCOUNT DETAIL 465658 SEAMAN CRYSTAL D

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WIREGRASS MEDICAL CENTER
1200 W MAPLE AVE
GENEVA AL 36340-1694
PHONE: 334-684-3655 TAX ID#: 636004474

PATIENT-----
1 NUM/NAME-: 465658 SEAMAN CRYSTAL D
2 SEX-----: M
3 BIRTH----: 03/09/1970
4 DOCTOR---: 000900 MITCHUM DG
5 MARITAL--: M
6 SOC.SEC.-: 236150086

BILLING INFORMATION-----
16 CREDIT----: HOSP DRG.:
17 BILL-----: FINAL DRG.:
18 CYCLE-----: 4
19 STAY TYPE-: 2 O/P
20 SERVICE---: R
21 INSURANCE-: GB5 NATIONAL SECURITY

GUARANTOR-----
10 NAME-----: SEAMAN CRYSTAL D
11 ADDRESS-1: 28045 BEULAH CH ROAD
12 ADDRESS-2:
13 CITY/ST-: OPP AL
14 ZIP-----: 36467-0422
15 PHONE-----: 3348585904

ADMISSION-----
22 DATE-----: 4/30/03
23 CODE-----: N
DISCHARGE-----
25 DATE-----: 4/30/03 DAY STAY
26 CODE-----: R

A/R	SERV	TYPE	CHG/REC					
DATE	DATE	TRAN CODE	NUMBER	QTY DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT	
04/30/03		CHG	320 24700001	1 <=X-RAY ORDER=>	.00			
04/30/03		CHG	320 24731107	1 WRIST 4V	87.00		73110	
05/23/03		PAY	112796	GB5 NATIONAL SECURITY		87.00		
AR BALANCE.....					0.00			

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PATIENT ACCOUNT DETAIL 467551 SEAMAN CRYSTAL D

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WIREGRASS MEDICAL CENTER
1200 W MAPLE AVE
GENEVA AL 36340-1694
PHONE: 334-684-3655 TAX ID#: 636004474

PATIENT-----
1 NUM/NAME: 467551 SEAMAN CRYSTAL D
2 SEX: M
3 BIRTH: 03/09/1970
4 DOCTOR: 006400 BERANEK ST
5 MARITAL: M
6 SOC.SEC: 236150086

BILLING INFORMATION-----
16 CREDIT: HOSP DRG.:
17 BILL: FINAL DRG.:
18 CYCLE: 2
19 STAY TYPE: 2 O/P
20 SERVICE: R
21 INSURANCE: GB5 NATIONAL SECURITY

GUARANTOR-----
10 NAME: SEAMAN CRYSTAL D
11 ADDRESS-1: 28045 BEULAH CH ROAD
12 ADDRESS-2:
13 CITY/ST: OPP AL
14 ZIP: 36467-0422
15 PHONE: 3348585904

ADMISSION-----
22 DATE: 6/02/03
23 CODE: N
DISCHARGE-----
25 DATE: 6/02/03 DAY STAY
26 CODE: H

A/R	SERV	TYPE	CHG/REC						
DATE	DATE	TRAN	CODE	NUMBER	QTY	DESCRIPTION	CHARGE	CREDIT	MED NECESSARY CPT
06/02/03		CHG	320	24700001	1	<X-RAY ORDER>	.00		
06/02/03		CHG	320	24731107	1	WRIST 4V	87.00		73110
06/17/03		PAY		113907		GB5 NATIONAL SECURITY		13.00	
10/01/03		CHG		99001	1	BAD DEBT WRITE-OFF		74.00	
BAD DEBT BALANCE.....						74.00			
AR BALANCE.....						0.00			